

DAEP Special Education Student Supplement

Student Name: _____ Home School: _____ Grade: _____
ID#: _____ DOB: _____ Sex: M F Ethnicity: _____
LEP: Y N Current Placement: _____ Disabilities: _____
Parent/Guardian: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____

Referral Information

Administrator: _____ Special Ed Chair: _____
Fax: _____ Phone: _____ Referral Date: _____

Reasons for Referral

- ☐ Level III – Suspension and/or Optional Removal to a DAEP *(Must complete School Interventions Section)*
- ☐ Level IV – Required Placement in a DAEP
- ☐ Level V - Expulsion for Serious Offenses
- ☐ Other: _____

School Interventions

- ☐ Behavior Modification System
- ☐ Parent/Teacher Conference
- ☐ Parent Phone Calls
- ☐ Administrative Conference
- ☐ SRC/SAC/ISS
- ☐ Suspension
- ☐ Other: _____
- ☐ IAT
- Dates: _____
- Dates: _____
- Dates: _____
- Dates: _____
- Dates: _____

Agency Interventions

Is student receiving services from an agency? Y N Agency: _____
Psychologist/Psychiatrist: _____ Phone: _____
Involvement with Law Enforcement: Y N Reason: _____
Name of Probation/Parole Officer: _____ Phone: _____

Assessment/Related Services Information

Comprehensive Individual Assessment Date: _____ Psychological Evaluation Date: _____
Counseling Assessment: _____ Vocational Assessment: _____ FSIQ: _____
Last ARD Date: _____ MDR Date: _____
Cognitive / Intellectual Functioning: _____
Social / Emotional (DSM): _____
Relative Services: SPEECH: Y N COUNSELING: Y N OTHER: _____
Known Medical Conditions / Medications: _____

Signature of Person Making the Referral	Title	Date
Principal: _____		Date: _____
Senior Special Education Manager: _____		Date: _____
School Improvement Officer: _____		Date: _____
<input type="radio"/> Recommended <input type="radio"/> Not Recommended		

Reason for non-approval: _____

The following must be brought to the ARD at CEP:

____ LEP Folder (copy of the information)	____ Current AAR (transcript) and last report card
____ PASS Printout	____ Stanford Scores